

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Pickering For Congress

Full Name (Last, First, Middle Initial)

A. MS Hurrican Recovery Fund

Mailing Address PO Box 22656

City
JacksonState
MSZip Code
39225-2656Purpose of Disbursement
DONATION TO CHARITY

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60413.E5682

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	0	6

Amount of Each Disbursement this Period

3500.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. NRCCs Battleground 2004 Fund

Mailing Address 320 First Street, SE

City
WashingtonState
DCZip Code
20003-Purpose of Disbursement
TRANSFER OF SURPLUS FUNDS

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60413.E5691

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	0	6

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. National Prayer BreakfastMailing Address PO Box 25566
Washington, DC 20007-5566

City

State

Zip Code
-Purpose of Disbursement
DONATION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60413.E5700

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	4	/	2	0	0	6

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53**SUBTOTAL** of Disbursements This Page (optional)

18800.00

TOTAL This Period (last page this line number only)